



Department of Environmental Quality  
 Waste & Underground Storage Tank Management Bureau • Methamphetamine Cleanup Program  
 P.O. Box 200901 • Helena MT 59620-0901 • (406) 444-5300

METHAMPHETAMINE CLEANUP PROGRAM LAB DECONTAMINATION CERTIFICATION APPLICATION				DEQ USE ONLY		
<b>Applicant's Name</b> <i>(Please Print or Type)</i>				Org Unit: <u>574841</u>		
<div style="display: flex; justify-content: space-between;"> <span>.....</span> <span>.....</span> <span>.....</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><i>First Name</i></span> <span><i>Middle Initial</i></span> <span><i>Last Name</i></span> </div>				Fee Paid By: .....		
<div style="display: flex; justify-content: space-between;"> <span>.....</span> <span>.....</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><i>Phone</i></span> <span><i>E-Mail</i></span> </div>				Amount Paid: .....		
<b>Applicant's Address</b>				Check Number: .....		
<div style="display: flex; justify-content: space-between;"> <span>.....</span> <span>.....</span> <span>.....</span> <span>.....</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><i>Street or PO Box</i></span> <span><i>City</i></span> <span><i>State</i></span> <span><i>Zip</i></span> </div>				Receipt Number: .....		
<b>Applicant's Employer</b>				Date Approved: .....		
<div style="display: flex; justify-content: space-between;"> <span>.....</span> <span>.....</span> <span>.....</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><i>Name</i></span> <span><i>Phone</i></span> <span><i>E-Mail</i></span> </div>				Date Recorded: .....		
<b>Employer's Address</b>						
<div style="display: flex; justify-content: space-between;"> <span>.....</span> <span>.....</span> <span>.....</span> <span>.....</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><i>Street or PO Box</i></span> <span><i>City</i></span> <span><i>State</i></span> <span><i>Zip</i></span> </div>						
Please check the application box that corresponds to the type of bi-annual certification for which you are applying.						
Application		Type of MCP Certification (Check One)	Fee	Course Date	Certificate Expiration Date	Course Provider (If Applicable)
Original	Renewal					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Worker <input type="checkbox"/> Supervisor	\$500			
<input type="checkbox"/>	<input type="checkbox"/>	Training Provider	\$500			
I hereby certify that all submitted information is true and correct.						
<div style="display: flex; justify-content: space-between; font-size: small;"> <span>.....</span> <span>.....</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><i>Signature</i></span> <span><i>Date</i></span> </div>						